

Columbiana County Mental Health and Recovery Services Board

CCIM4C Strategic Plan Map: Supply Reduction

Statement of how the plan is related to at least one of Ohio’s CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):

Reducing the diversion and misuse of prescription medication, thereby reducing opioid use and overdose leading to death.

Population of Focus:

The targeted population for this strategy includes the elderly and homebound, families of deceased individuals, individuals who have been prescribed opioids and others who may not have the means, knowledge or inclination to participate in existing drug disposal programs

Theory of Community Change:

If we can safely dispose of medications, this reduces the likelihood that they will be found or stolen by others who will abuse them.

[Suggestion for Future:](#) This theory of change seems incomplete. Consumption of opiates is the causal factor for OUD deaths. It is highly recommended that the coalition revisit the asynchronous trainings on strategic planning on the CCIM4C website and revise this document accordingly. A strong, data-driven theory of change is essential to ensure that the “best fit” intervention is selected.

Community Logic Model – Theory of Change				Theory of Action		Measurable Outcomes		
Opioid Use Disorder Outcome	Causal Factor	Root Causes	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
Reduce misuse of medication by youth and adults in Columbiana County. Suggestion for Future: The purpose of this funding opportunity was to meet the CURES Act Goals of (1) reducing OUD deaths and (2) increasing access to treatment. As such, this box should have one of these two outcomes in it. This box contains a causal factor for OUD deaths (consumption).	Adults keep medications in the home rather than disposing of them, making them available for diversion or misuse by teens and other adults.	Adults are unaware of where or how to dispose of prescription medication. Suggestion for Future: It seems like the causal factor and root cause are repetitive. One way of improving this strategic plan map would be to list OUD Deaths as the OUD Outcome, Opiate Consumption as the Causal Factor, and then Improper Disposal as the root cause.	The board will obtain Detera bags for distribution in the community. We will target the elderly and homebound, who often have opioid prescriptions but may not have the means to dispose of them when no longer needed; funeral homes, who will share them with families who are unsure what to do with their loved ones’ medications after they have passed away; visiting nurses and hospice care providers to share with their patients; pharmacies; hospitals; and other healthcare providers. The bags will also be distributed at a community flea market, the Columbiana County Fair, and several community events planned for this summer. Bags will also be available at the CCMHRSB office, and provider offices. We will increase knowledge of these services through paid advertising, Facebook posts, dissemination of informational videos, newspaper articles, informational cards, church bulletins promotion at community events, and advertising on pharmacy prescription bags.	The Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition will be the lead partner, with support from the Columbiana County Mental Health and Recovery Services Board. Other major partners will include the Ohio Safe Rx Collaborative, which will be providing an initial 1,000 bags; the Columbiana County Suicide Prevention Coalition, which will distribute the bags in conjunction with a Means Matter event; and the county Project DAWN program, with the coordinator agreeing to distribute the bags during Project DAWN trainings. The bags are being obtained at no cost from the Ohio Safe Rx Collaborative, and an additional \$4,000 is available for more bags and printed materials to promote the bags	The strategy will be implemented upon receipt of the bags from the Ohio Safe Rx Collaborative. Distribution will begin May 31, 2019.	Individuals will be educated and knowledgeable about the importance of proper prescription drug disposal and will be aware of the ways in which medication can be discarded.	The amount of unused or unwanted medication kept in the home will decrease.	Misuse of medication will be reduced, knowledge will be increased.
According to Columbiana County provider data, 602 adults received treatment for opioid use disorder in 2018. During the last three fiscal years, the top diagnostic group served was persons with opioid use disorders. In 2017, 245 people were treated in hospitals for opioid overdoses, according to data from the Ohio Hospital Association. And statistics from the Columbiana County Coroner’s office indicate that 29 people died of drug overdose in 2018. Heroin and fentanyl were among the most prominent drugs found in these deaths.	Although the number of doses of opioids prescribed to Columbiana County residents has decreased steadily, according to the Ohio Automated Rx Registration System (OARRS) 4,627,869 doses of opioids were prescribed in 2018. Suggestion for Future: This data does not support the statement in the box above it. The box above discusses issues with unused medications being available. This data discusses the amount of drug prescribed. There has to be an exact match between the narrative and the data to ensure that the plan is data-driven and follows a logical theory of change.	The most recent Community and Parent Survey indicates that less than one third of respondents were aware of proper medication disposal practices. Even fewer were aware of the locations of medication drop-off boxes.				Suggestion for Future: (1) How will these outcomes for be measured? (2) Measuring the amount of unused or unwanted medication in the home may be difficult. Perhaps adding a proxy measure such as opioid consumption may be helpful here. (3) The OUD outcome measurement included a “knowledge” measurement. This seems more like a root cause or causal factor? (4) As discussed on this map, the OUD outcome measure is not congruent with the CURES Act goals.		

Coalition/Group Name: Columbiana County Mental Health and Recovery Services Board (CCMHR SB)
County: Columbiana
Date Submitted: 4/12/2019
Date Reviewed: 4/30/2019

**Ohio's Community Collective Impact Model for Change (CCIM4C)
 Strategy Description Form**

SUPPLY REDUCTION

Overview of the Strategy (Please answer each question using 100 words or less for each response.)

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following ten (10) elements:

1. Who is the intended recipient (priority population) of this strategy?

The priority population we are trying to reach is adults who are in possession of prescription opioids that are no longer needed or expired, and/or the family members of these individuals. This strategy will also target youth and adults who would use prescription opioids that do not belong to them or for non-medical reasons.

2. How will you address the unique needs of the service population?

We will address the need to dispose of prescription opioids that are no longer needed or expired by expanding on the avenues for disposal, specifically an option for those who are unable to leave their homes due to illness, lack of transportation, etc., as well as those who have medication to dispose of but are unable to visit one of the drop-off sites immediately or don't want to hold on to the medication until the next Take-Back event. We will also provide this option for families who need to dispose of medication after a loved one passes away.

3. What is the strategy that will be implemented?

We will obtain Deterra bags that will be distributed throughout the community. These bags allow individuals to safely dispose of medication by placing them in the deactivation bag, which contains charcoal, and adding water. This will render the pills ineffective and safe for disposal in the trash.

4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

This strategy is an expansion of our current drug disposal efforts. Medication Take-Back events are held twice a year, through the collaborative efforts of the Columbiana County Mental Health and Recovery Services Board, the Drug and Alcohol Abuse and Prevention Team, Columbiana County Drug Task Force, county Health Departments and the two county hospitals. In addition, medication disposal boxes are located in eight county police departments. Seven of these boxes are accessible 24/7.

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

The Drug and Alcohol Abuse Prevention Team (ADAPT) coalition will be the lead organization for implementation. The ADAPT Coalition is the lead agency for the existing drug disposal efforts and is familiar with the implementation and promotion of drug disposal. The Columbiana County Mental Health and Recovery Services Board will also help with this

effort by providing promotional materials, coordinating advertising and any news coverage, distribution of bags and coordinating reporting and outcomes measurement.

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

The board and ADAPT Coalition have secured an initial 1,000 bags at no cost through Ohio’s Safe Rx Collaborative. An additional \$4,000 of CCIM4C funding can be used to purchase additional bags if needed and we are unable to get any more through the Safe Rx Collaborative, as well as any promotional items, flyers, advertising, etc. No other costs are anticipated.

7. Where will it be implemented?

The strategy will be implemented throughout Columbiana County, with Deterra bags available to any Columbiana County resident.

8. When will it be implemented?

We will implement the strategy upon receipt, with distribution targeted to begin May 31, 2019, and will continue for as long as bags are available.

9. How will it be implemented?

We plan to distribute these to agencies and organizations including senior centers, hospice and visiting nurse organizations, pharmacies, hospitals, ambulance companies, etc., to share with patients/consumers. We also will distribute the bags to individuals at community events, health fairs, and other appropriate events.

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

One challenge will be ensuring that the bags we provide to other agencies are actually distributed to individuals. We can make suggestions to pharmacies and health care providers and visiting nurses, but we cannot control how they are distributed – if they are displayed on a counter, if they are given with every opioid prescription, if they are given to every family serviced by the funeral home, how they make their consumers aware that the bags are available. Providing as much information as possible at the time of delivery may help to address that challenge.

Another challenge will be educating individuals about what the bags are for, how they are used, and the importance of using them. This may be hard to do at busy events, or where time is limited.

Demonstrate a Conceptual Fit with the Community’s Opioid-Related Priorities (250 words or less)

How is the strategy relevant to the data from your needs assessment?

According to Columbiana County provider data, 602 adults received treatment for opioid use disorder in 2018. During the last three fiscal years, the top diagnostic group served was persons with opioid use disorders. In 2017, 245 people were treated in hospitals for opioid overdoses, according to data from the Ohio Hospital Association. And statistics from the Columbiana County Coroner’s office indicate that 29 people died of drug overdose in 2018. Heroin and fentanyl were among the most prominent drugs found in these deaths. This indicates that opioid use disorder continues to be a problem.

Data from the most recent National Study on Drug use and Health indicates that in 2016, 28.6 million people over the age of 12 had used an illicit drug in the last 30 days. Further 3.3 million were current misusers of pain relievers. About

half indicated they had obtained the last pain relievers they misused from a friend or relative. And three out of four heroin users reported they misused prescription opioids prior to using heroin.

This strategy addresses the availability of prescription medication. Proper medication disposal provides ways for people to safely and responsibly get rid of controlled substances they have in their household. The objective of proper medication disposal is to limit access and availability, and raise awareness of prescription drug misuse.

The most recent Community and Parent Survey, conducted by the ADAPT Coalition, indicates that less than one third of respondents were aware of proper medication disposal practices. Even fewer were aware of the locations of medication drop-off boxes.

Demonstrate a Practical Fit: Theoretical “if-then” Proposition

Please include the “if-then” proposition for this strategy from your coalition/group’s strategic plan map.

If we can safely dispose of medications, then this reduces the likelihood that they will be found or stolen by others who will abuse them.

Demonstrate a Cultural Fit (250 words or less)

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:

- Why are you choosing this specific strategy for this specific population?
- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

We have chosen this strategy because it complements the drug disposal strategies already in place and makes it more convenient to safely dispose of unwanted or unused medication. According to the Ohio Development Services Agency Office of Research, nearly 20 percent of the population in Columbiana County is age 65 or older, with that percentage expected to increase over the next 10 years. Older adults are more likely to be prescribed medication and may be less likely to have the means to dispose of it properly. With this in mind, we are partnering with agencies that serve older adults, like senior centers, health care facilities, visiting nurse agencies, to make the Detera bags accessible.

Recognizing that Columbiana County is a rural area, and transportation is often an issue, our goal is to make the bags accessible to individuals in places they would normally visit, such as doctor’s offices, at information fairs and health fairs and other community events, pharmacies, etc.

Two National Drug Take Back collections are held in Columbiana County, in April and October. During the most recent collection, 237 pounds of medication were collected, along with 146 pounds of liquids and aerosols.

There are eight drop-off medication boxes located in Columbiana County. Usage of the boxes has grown slowly, with 225 pounds of medication collected to date.

While it appears some residents are aware of and are utilizing proper drug disposal methods, we believe more can be done. Educating the public about this issue will result in increased usage of the drug disposal programs offered in Columbiana County.

Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc..

Our county’s ecosystem is made up of individuals from many different sectors – from providers to faith-based leaders, to law enforcement to social services to educators and government officials. If each plays a role in supporting the strategy with regard to their role in the community, we can be successful.

The ADAPT Coalition is well-known in the county for its prevention efforts, and many of the coalition’s partnerships, such as with law enforcement and social service agencies, are already established that can be utilized to sustain the strategy.

As the public agency tasked with ensuring quality mental health and substance use disorder prevention and treatment services in Columbiana County, the Mental Health and Recovery Services Board is an appropriate authority to promote sustainability. The strategy provides value to the residents of Columbiana County, offering them a cost-free service that contributes to the health and safety of the community. Operationally and administratively, this strategy is feasible because we are not necessarily creating a new service, but rather expanding on existing services. And we are not adding staff to do so, but rather incorporating this strategy into existing prevention efforts.

Demonstrate Effectiveness (What is the evidence that the strategy will work?)

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an “X” next to the description that best fits the strategy:

- This is not a workforce development or infrastructure development strategy.
- Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- Improve education in treatment of opioid use disorder for health care providers.
- Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- Improve access, availability, and distribution of overdose-reversing drugs
- Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- Increase access, availability, and provision of supportive housing for individuals in recovery
- Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

B. For **any other strategy**, please describe the evidence or support for documented effectiveness to select the intervention and include it in the CCIM4C strategic plan. And complete the supplemental document.

1. Is the strategy included in Federal registries of evidence-based interventions?
 - a. Yes or No
 - b. If yes, please provide supporting documentation. Please type your response here or you may attach any additional information.
 - c. If no, please continue to question 2.
2. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
 - a. Yes or No

- b. If yes, please list supporting documentation. Please type your response here or you may attach any additional information.
 - c. If no, please continue to question 3.
3. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
- a. Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
 - i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
 - b. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
 - i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
 - c. Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
 - i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
 - d. Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.
 - i. Please provide supporting documentation. Please type your response here or you may attach any additional information.

Evaluation

1. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

Intervening variable – Awareness of proper medication disposal procedures.

Outcome variable – Misuse of prescription medication

The success of the strategy will be evidenced by the number of pills that are destroyed and discarded by using the Deterra bags. The more pills that are destroyed, the less pills will be available for misuse. We will be tracking the number of bags distributed and where they are distributed, and making adjustments as needed. Each bag will include a postage-paid postcard, and participants will be asked to return the card so that the number of pills destroyed can be tracked. We will compare the number of bags distributed to the number of postcards returned in order to measure usage.

2. Who will collect and analyze data?

The distribution data will be collected and analyzed by Jennifer Thorn of the CCMHRBSB, with support from Brenda Foor of the ADAPT Coalition. The Safe Rx Collaborative will provide data from the returned postcards.

3. How the data will be shared and with whom?

The data will be shared with the ADAPT Coalition's Data Evaluation and Planning Committee, and the CCMHR SB Treatment and Prevention Committee, funding sources, and collaborative partners. If data indicates the program is successful, it will be used to further promote the program and encourage continued participation.

4. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

Any evaluation of the program will be done as part of the CCMHR SB's and ADAPT Coalition's routine evaluation of programming. No additional staff will be needed for evaluation, and no additional costs for evaluation are anticipated.